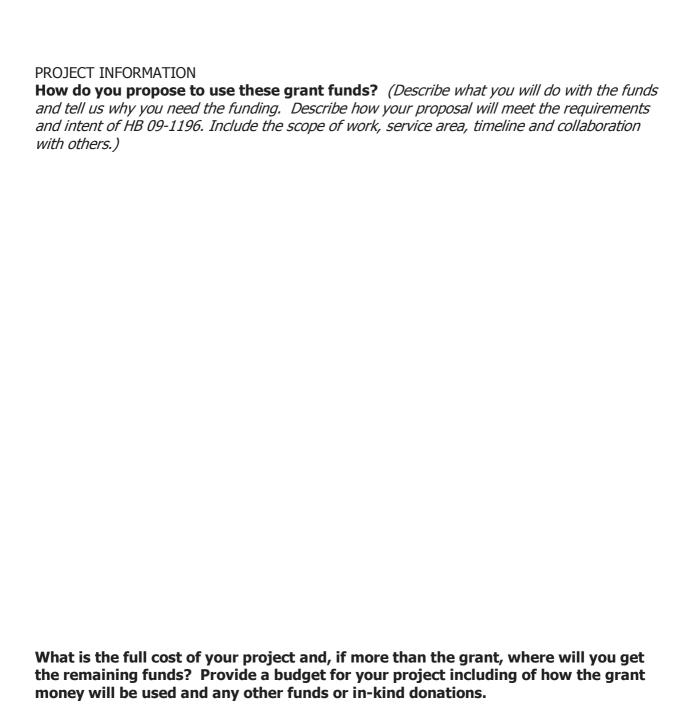
Colorado Nursing Facility Culture Change Accountability Board CMP Distribution Grants 2009-2010

Grant Application Form

GENERAL INFORMATION Applicant Organization:	
Address/Town/Zip:	
Contact Person:	Title:
Phone:	Email:
Amount of Request: \$	
attach two additional pages for	application to six pages, no smaller than 10 font. You may your P&L summary and balance sheet. If you need a little the tips and examples, but don't remove the headings from the
	ON anization. (For example - What is your mission and purpose? How many employees or volunteers?)
	ganization do? (If you provide a wide variety of services, nt-centered care in nursing facilities since that is the purpose of

Who do you serve? (What kinds of people – families, seniors? How many people are

served? Where are your services provided?)



PROJECT IMPACT How will receipt of this grant make a difference in the quality of life of people living in nursing facilities? How will the project be sustained and replicated?
KEY PERSONNEL Identify the key personnel (name and title) who will be responsible for implementing this project and the percent of their time that will be dedicated to the project.

PROJECT EVALUATION

Colorado Culture Change Accountability Board is required to file a report on how the funds were distributed and what the impact was on residents residing in Colorado nursing homes. Describe in detail how you will evaluate your project and measure the results in quantifiable terms, and by whom your results will be measured.

ORGANIZATIONAL INFORMATION – BUDGET **Provide your balance sheet and P&L summary for your most recent fiscal year.**(These may be attached)

In general, where do you get your funding? Please use percentages. (For example - 50% Medicaid, 20% private pay, 15% Medicare, 15% donations)

If your organization is a nursing facility please answer the following regarding any surveys in the past 12 months.

Were there any deficiencies cited meeting the substandard quality of care level or above as defined by CMS in the State Operations Manual?

Were there any repeat G level deficiencies cited on a revisit?

We encourage you to submit your application electronically to sclark@coculturechange.org

You may also mail your application to Sheri Clark, 8200 S. Quebec St. #A3-176 Centennial, CO 80112

Application must be received by March 30, 2010 at 5pm
Late submissions will not be accepted.

If you have questions, contact Sheri at the same email address or by calling (303)-868-4311